

BUSINESS OPERATIONS CENTER

ANR personnel should seek approval before incurring the cost of the membership

Employee Name: _____

Date: _____

ANR Unit Name: _____

Organization Name: _____

URL: _____

Membership will be: INDIVIDUAL INSTITUTIONAL/GROUP

Annual Cost: \$ _____

Fund source to be charged (e.g., Account No.): _____ Fund Source Is: RESTRICTED UNRESTRICTED

Type of Organization (check one)

Scholarly society or professional organization
Membership is mandated by _____
(e.g., job description, licensing agency, or other specific authority.)

Organizations where memberships are required to receive desired periodicals or office supplies and equipment (e.g., membership discount stores, etc.)

Organizations of institutional service agencies and/or administrative officers (e.g., Western Association of College and University Business Officers)

Community organizations (e.g., Chambers of Commerce, Rotary Club, etc.)

Other (Explain) _____

Brief description of organization's mission: _____

Membership in organization will support requestor's professional responsibilities and will be programmatically and/or administratively beneficial to the University for the following reasons.

(IF DESIRED, PROVIDE FURTHER INFORMATION ON ATTACHED SHEETS.)

Signature of Department Head (if approved): _____

Date

Funding source OK; funds sufficient: _____

Director, BOC

Date